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FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)	Docket Number (Optional) SPINE 3.0-446 CIP III CONT		
Application Number 10/648,464-Conf. #8288	Filed Au	aust 25, 2002	
		gust 25, 2003	
For STRIPSPRING INTERVERTEBRAL SPACER DEVICE HAVING A SLOTTED P	ARTIAL CIRCULAR D	OOMED ARCH	
Art Unit 3774	Examiner	J. G. Blanco	
This is a request under the provisions of 37 CFR 1.136(a) to extend the per application.	riod for filing a reply in t	ne above identi	fied
The requested extension and fee are as follows (check time period desired	and enter the appropria	ate fee below):	
<u>Fee</u>	Small Entity Fee		
\(\times\) One month (37 CFR 1.17(a)(1)) \(\times\) \$130	\$65	\$13	0.00
Two months (37 CFR 1.17(a)(2)) \$490	\$245	\$	
Three months (37 CFR 1.17(a)(3)) \$1110	\$555	\$	
Four months (37 CFR 1.17(a)(4)) \$1730	\$865	\$	
Five months (37 CFR 1.17(a)(5)) \$2350	\$1175	\$	
Applicant claims small entity status. See 37 CFR 1.27.			
A check in the amount of the fee is enclosed.			
Payment by credit card. Form PTO-2038 is attached.			
The Director has already been authorized to charge fees in this	application to a Depos	sit Account.	
The Director is hereby authorized to charge any fees which may	be required, or credit	any overpaym	nent, to
Deposit Account Number 12-1095 WARNING: Information on this form may become public. Credit card in	formation chould not be	included on this	
Provide credit card information and authorization on PTO-2038.	iormation should not be	incidued on this	101111.
l am the applicant/inventor.			
assignee of record of the entire interest. See 37 C Statement under 37 CFR 3.73(b) is enclosed			
attorney or agent of record. Registration Number	58,653	·	
attorney or agent under 37 CFR 1.34.			
Registration number if acting under 37 CFR 1.34			
Phile C. Ville	January	12, 2009	
Signature		ate	
William A. Di Bianca	(908) 6	554-5000	
Typed or printed name	Telepho	ne Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representation one signature is required, see below.	resentative(s) are required. Su	ibmit multiple forms	if more
Total of forms are submitted.			
8	1/16/2009 EAREGAY1 00	000006 121095	1064846
9	2 FC:1251 130.	00 DA	
I hereby certify that this paper (along with any paper referred to as being attached or enclothed date shown below with sufficient postage as First Class Mail, in an envelope addressed Alexandria, VA 22313-1450.	osed) is being deposited with d to: Commissioner for Pate	the U.S. Postal Sents, P.O. Box 145	ervice on 0,
Dated: January 12, 2009 Signature:	(Will	iam A. Di Bianca)	